

APPLICATION FOR
**RECIPROCAL TEACHING AND
RECIPROCAL ADMINISTRATIVE CERTIFICATION**

ARIZONA DEPARTMENT OF EDUCATION - CERTIFICATION UNIT

For use by applicants possessing a current teaching and/or administrative certificate/license from another state requesting Arizona Certification in the following areas: Arts Education, Early Childhood Education, Elementary Education, Secondary Education, Special Education, Superintendent, Principal and/or Supervisor.

Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 Phone: (602) 542-4367 Fax: (602) 542-1141
Email: Certification@AZED.gov

GENERAL REQUIREMENTS:

1. One of the following:
 - A. A valid Arizona Identity Verified Prints (IVP) fingerprint clearance card. Note: A valid regular Arizona Fingerprint Clearance Card issued prior to January 1, 2008 is also acceptable. Include a photocopy of your fingerprint card with this application.
 - B. A completed 'Testament Form for Fingerprint Reciprocity' - **and** - a carbon copy (yellow or pink) of your pending Department of Public Safety 'Application for a Fingerprint Clearance Card Using Identity Verified Prints'. Note: This option only applies to applicants who are certified in one of the nineteen states approved for fingerprint reciprocity. Please see our website for a list of the nineteen states. Include both forms with this application.
2. Official transcript(s) posting at least a Bachelor's degree (Master's Degree when required) from an accredited institution. Official transcripts may be opened. Photocopies will not be accepted. Include official transcripts with this application.
3. Official score report(s) for exams taken and passed for the out-of-state certificate/license.
4. A valid and comparable teaching or administrative certificate/license from another state. Include a notarized photocopy of the certificate/license with this application. The out-of-state teaching or administrative certificate/license must be comparable to Arizona's teaching or administrative certificates. Upon application, a formal evaluation will be done to determine comparability.
5. This application for reciprocity completed and signed. Include payment (personal check, money order or cashier's check) for the amount due made payable to the Arizona Department of Education. Fees are not refundable. **Cash will not be accepted.**
6. (For Administrative Certificates Only) Additional requirements for administrative certificates can be found on the Arizona Department of Education website. Please refer to the complete requirements prior to making application. [Administrative Certificate Requirements](#)
Please note: Your certificate will be issued when your application is received; the issue date will not necessarily align with the school year.

SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number: _____ **Date of Birth:** ____/____/____ **Gender:** M / F

Full Legal Name: _____
Last First Middle

Mailing Address: _____
Street Number or P.O. Box City State Zip

Telephone: (____) _____ **Email Address:** _____ ☐ Check if you would like to receive ADE updates via email.

Ethnicity: ____ Asian or Pacific Islander ____ Black or African-American (Not-Hispanic) ____ Hispanic or Latino
____ White (Not-Hispanic) ____ American Indian or Alaskan Native ____ Other

SECTION 2: ARIZONA CERTIFICATES AND FEES

Please select the comparable Arizona certificate(s) you are requesting.

TEACHING:

___ ELEMENTARY, 1-8\$60	___ EARLY CHILDHOOD, BIRTH TO AGE 8/GRD 3\$60
___ ADDITIONAL ELEMENTARY APPROVED AREA.....\$60	___ SECONDARY, 7-12 (ONE APPROVED AREA).....\$60
Select Area: _____	Select Area: _____
___ ARTS EDUCATION, PreK-12\$60	___ ADDITIONAL APPROVED AREA SECONDARY\$60
Select One: ___ART ___DANCE ___DRAMATIC ARTS	Select Area: _____
___MUSIC	

SPECIAL EDUCATION, K-12:

___ CROSS-CATEGORICAL, K-12 (ED, LD, MR, O/HI)\$60	___ MENTAL RETARDATION, K-12\$60
___ EARLY CHILDHOOD, BIRTH TO AGE 5\$60	___ ORTHOPEDIC/OTHER HEALTH IMPAIRMENT, K-12 ...\$60
___ EMOTIONAL DISABILITY, K-12\$60	___ SEVERELY AND PROFOUNDLY DISABLED, K-12\$60
___ HEARING IMPAIRED, K-12\$60	___ VISUALLY IMPAIRED, K-12\$60
___ LEARNING DISABILITY, K-12\$60	

ADMINISTRATIVE:

___ PRINCIPAL, PREK-12\$60	___ SUPERVISOR, PREK-12\$60
___ SUPERINTENDENT, PREK-12\$60	

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SECTION 3: EDUCATION

Please submit all applicable official transcripts bearing the original seal or stamp of the registrar. Official transcripts may be opened.

	COLLEGE OR UNIVERSITY	LOCATION, STATE	DEGREE/MAJOR	DATE AWARDED
1)	_____			
2)	_____			
3)	_____			

(!) IMPORTANT: Please maintain copies of all your personal and professional records for future use.

SECTION 4: CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

ATTENTION: If "YES" is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

1. **YES__ NO__** Have you ever had any professional certificate or license, revoked or suspended?
2. **YES__ NO__** Have you ever received a reprimand or other disciplinary action involving any professional certification or license?
3. **YES__ NO__** Have you ever been convicted of any felony offense?
4. **YES__ NO__** **Have you ever been arrested for any offense for which you were fingerprinted?**
5. **Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?**

<p>YES__ NO__ a Second-degree murder</p> <p>YES__ NO__ b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age</p> <p>YES__ NO__ c Sexual assault</p> <p>YES__ NO__ d Molestation of a child</p> <p>YES__ NO__ e Sexual conduct with a minor</p> <p>YES__ NO__ f Commercial sexual exploitation of a minor</p> <p>YES__ NO__ g Sexual exploitation of a minor</p> <p>YES__ NO__ h Child abuse</p> <p>YES__ NO__ i Kidnapping</p> <p>YES__ NO__ j Sexual abuse of a minor</p> <p>YES__ NO__ k Taking a child for the purpose of prostitution as prescribed in section 13-3206</p> <p>YES__ NO__ l Child prostitution as prescribed in section 13-3212</p> <p>YES__ NO__ m Involving or using minors in drug offenses</p>	<p>YES__ NO__ n Continuous sexual abuse of a child</p> <p>YES__ NO__ o Attempted first-degree murder</p> <p>YES__ NO__ p Any other dangerous crime against children as defined in section 13-604.01</p> <p>YES__ NO__ q Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001</p> <p>YES__ NO__ r Any offense causing you to register as a sex offender</p> <p>YES__ NO__ s First-degree murder</p> <p>YES__ NO__ t Armed Robbery</p> <p>YES__ NO__ u Incest</p> <p>YES__ NO__ v Exploitation of minors involving drug offenses</p> <p>YES__ NO__ w Sexual abuse of a vulnerable adult</p> <p>YES__ NO__ x Sexual exploitation of a vulnerable adult</p> <p>YES__ NO__ y Commercial sexual exploitation of a vulnerable adult</p> <p>YES__ NO__ z Abuse of a vulnerable adult</p> <p>YES__ NO__ aa Molestation of a vulnerable adult</p> <p>YES__ NO__ bb Neglect of a vulnerable adult</p>
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I UNDERSTAND THAT PURSUANT TO A.R.S. § 15-534, ANY PERSON WHO MAKES A FALSE STATEMENT, REPRESENTATION OR CERTIFICATION IN ANY APPLICATION FOR CERTIFICATION IS GUILTY OF A MISDEMEANOR OFFENSE. I SWEAR OR AFFIRM THAT THE FOREGOING INFORMATION COMPLETED BY ME, OR SUBMITTED BY ME FOR CERTIFICATION PURPOSES IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. FURTHERMORE, SHOULD ANY PART OR ALL OF THE INFORMATION HEREIN PROVIDED PROVE TO BE FALSE, I RECOGNIZE THAT IT SHALL BE JUST CAUSE FOR REVOCATION, SUSPENSION, OR OTHER DISCIPLINARY ACTION AGAINST ANY CERTIFICATE ISSUED TO ME BY THE ARIZONA DEPARTMENT OF EDUCATION.

Applicant's Signature

Date